

Body Modification and Emergency Care: Will I Need a Tool Kit For This One?

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Upon completion of this course, the participant will be able to:

1. Identify the history of body modification;
2. Define the states of wound healing from different mechanisms of tissue disruption;
3. List the typical sites body modification is performed; and
4. Recognize medical implications of body modification.

I. History of Body Modification

- A. Biblical period
- B. India
- C. Aztecs/Mayan culture

II. Wounds and Healing

- A. Primary
- B. Secondary
- C. Tertiary

III. Risks Associated With Skin Penetration

- A. Infection
- B. Scarring
- C. Nerve damage
- D. Bleeding
- E. Disease transmission
 1. Hepatitis B, C or D
 2. HIV
 3. *Streptococcus* and *Staphylococcus aureus*, *Pseudomonas*

IV. Sites of Body Modification and Infection Risk

- A. Ear
 1. Lobe
 2. Pina
 3. Tragus
- B. Nasal
 1. Oral
 2. Naris
 3. Nasal septum
 4. Lip
- C. Nipple
- D. Genitalia
- E. Tongue

V. Types of Jewelry and Removal

- A. Barbells
 1. Post with a fixture on both ends
 2. Pull apart
 3. Unscrew
 - B. Captive bead rings
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1. Spring tension to close rings
 2. Twist opposite ends
- C. Labrets
1. Flat with spikes or balls
 2. Unscrew
- D. Tools to use for removal
1. Pennington clamps
 2. Hemostats
 3. Cotton swab
 4. 2x2 gauze
 5. Surgical lubricant
 6. Gloves
 7. 14 gauge angio catheter
 8. 2.0 to 3.0 nylon suture
 9. Ring expander pliers

VI. Emergency Management and Body Jewelry

A. Airway Management

1. Small tongue jewelry usually does not cause any problems in placing an airway
2. Large gauge jewelry can take time to remove; airway should be secured first

B. Defibrillation

1. Keep pads/saddles off nipple jewelry
2. Heating of jewelry may cause burns

C. Imaging

1. Computed tomography scanning can be done with jewelry in place and may cause extra images
2. Magnetic resonance imaging safe with non-magnetic jewelry and may cause a little artifact
3. Jewelry may need to be removed if it is in the direct path of the area to be imaged

VII. Removal Considerations

A. Emergency Removal

1. Body fluids can prevent easy removal
2. Rapid removal can cause tissue injury and may cause localized infection
3. Psychiatric admission requires the removal of jewelry; remove and save large bore gauging
4. Surgical steel or implant gauge titanium requires specific tools to remove

B. Body Fluid Precautions

1. Ask patient how to remove the device
2. Ask patient to remove it on his or her own if well enough
3. Exchange technique

Resources

Carver, A. P., & .Morphis, L. (2006). Body piercing and its complications: A case study. *The Journal for Nurse Practitioners*, 2(1), 46–49.

Centers for Disease Control and Prevention. (2010, June 9). *Body art*. Retrieved from http://www.cdc.gov/niosh/topics/body_art/

DeBoer, S., Amundson, T., & Angel, E. (2006). Managing body jewelry in emergency situations: Misconceptions, patient care and removal techniques. *Journal of Emergency Nursing*, 32(2), 159–164.

Halliday, K. A. (2005, July 26). *Body piercing: Issues and challenges for nurses*. Retrieved from <http://www.medscape.com/viewarticle/508549>

Hogan, L., & Armstrong, M. I. (2009). Body piercing: More than skin deep. *Skin Therapy Letter*, 14(7), 4–7.

Schnare, S. M. (2002). Tattooing, branding and body piercing. *Women's Health Care: A Practical Journal for Nurse Practitioners*, 1(4), 21–28.